

SECTION A County/Provider Information

1. County Name:

2. Provider Name:

3. Provider ID No.:

4. Contact Person:

5. Provider Address:

City/State/Zip:

6. Telephone No.:

()

7. Fax No.:

()

8. E-mail Address:

9. Submission Type:

☐ Original

☐ Amended

10. Funding Source(s):

☐ SAPT

☐ SDFSCA (If checked, complete Section B5)

11. Type of Contract:

☐ In-County Contract

☐ County Operated

☐ Out-of-County Contract

SECTION B Program Information

1. Program Status Please check the appropriate box.

☐ New Program - Start Date ____/____/____

☐ Existing Program

2. Program Description Please provide a brief description of the program.

3. Strategies Delivered Please check all boxes that apply to the strategy forms that will be completed and included in this package.

☐ (1) Information Dissemination (ADP 7235B)

☐ (2) Education (ADP 7235C)

☐ (3) Alternatives (ADP 7235D)

☐ (4) Problem Identification & Referral (ADP 7235E)

☐ (5) Community-Based Process (ADP 7235F)

☐ (6) Environmental (ADP 7235G)

4. ADP Negotiated Net Amount Contract Prevention Elements: Please check all the boxes that apply.

(a) Assessment Do you use local data to identify needs and determine the goals/outcomes of prevention activities/services?

Yes

No

(b) Prioritize Do you use local advice to establish priorities, clarify purposes, and assure cultural appropriateness for participants/recipients?

(c) Actions & Measurements Do you have action steps, including specified means to measure progress and final results?

(d) Proven Prevention Are your prevention activities/services based on an identifiable theory or practice that is supported by evaluation/research?

(e) Evaluate Results Do you use the measurement data to continuously refine, strengthen and sustain prevention results?

5. Accessibility

Please check all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing

☐ (b) Mobility

☐ (c) Vision

☐ (d) Speech

☐ (e) Mental

☐ (f) Developmental

☐ (g) Other (specify) _____

6. Special Population Breakdown (Required for SDFSCA funding only). For each population served, complete the entire row. Enter "A" or "E" to indicate if the numbers are actual or estimated.

POPULATION

(a) School-aged youth attending public or private schools

(b) School-aged youth, not in school; e.g., dropouts, incarcerated

(c) Parents or guardians of school-aged youth

(d) Law enforcement officials (including district attorneys)

(e) Teachers and other school personnel

(f) Other community members, including service recipients under 5 years old

Total number of Persons Served	A=Actual E=Estimate	Under 5 yrs.	5-9 yrs.	10-12 yrs.	13-15 yrs.	16-18 yrs.	19 & over